## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!	
	C C00473918
Check if 24-hour report 48-hour report New report Amends report filed	d on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
The New Media Firm	07 29 2014
Mailing Address 1730 Rhode Island Avenue, NW	
Ste 213	Amount
City State Zip Code	51585.14
Washington DC 20036	Transaction ID : SE-6208  Date of Disbursement or Obligation
Purpose of Expenditure Radio Buy  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: X House District: 14
Brenda Lawrence Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disb 243361.55  Disb 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
The New Media Firm	07 29 2014
Mailing Address 1730 Rhode Island Avenue, NW	
Ste 213	Amount
City State Zip Code	25407.61
Washington DC 20036	Transaction ID : SE-6209  Date of Disbursement or Obligation
Purpose of Expenditure  Category/	M M / D D / Y Y Y Y
Radio Buy  Type	
Name of Federal Candidate Support Office	e Sought: X House District: 14
Hansen Clarke Oppose	President Senate State: MI
	ursement For: X Primary General
Per Election for Office Sought 243361.55	Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	76992.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Buto	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	